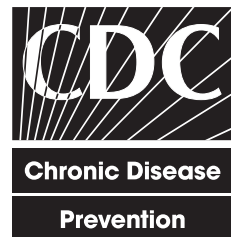


Preventing Chronic Diseases: Investing Wisely in Health

Preventing Arthritis Pain and Disability



U.S. DEPARTMENT OF HEALTH
AND HUMAN SERVICES

The Reality

- Nearly 43 million Americans—about one in every five adults—have arthritis or chronic joint symptoms. As the population ages, these numbers will probably increase dramatically.
- Arthritis is more common among older adults, but it also affects many children and young adults. In fact, 60% of people with arthritis are younger than 65.
- Arthritis is the leading cause of disability among U.S. adults. It limits everyday activities for more than 16 million Americans.
- Early and aggressive management of inflammatory arthritis can reduce complications and delay costly procedures like joint replacements.
- Among adults with doctor-diagnosed arthritis, almost one third report having a work limitation attributed to arthritis.

- As the U.S. population ages, arthritis-related costs are going to soar.
- Arthritis is responsible for 750,000 hospitalizations and 36 million outpatient visits every year.

Arthritis Control: A Good Investment

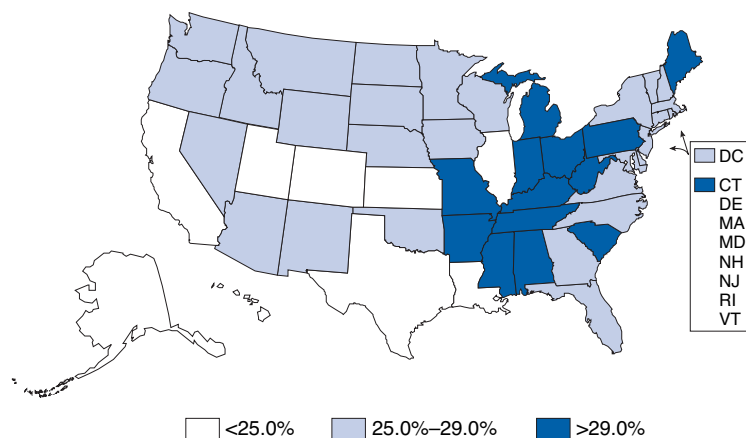
Early diagnosis and appropriate management of arthritis, including self-management activities such as self-help courses, weight control, and physical activity, can help people with arthritis function better, stay productive, and have lower health care costs.

- A recent study estimated that an insurer or health care organization that implements the Arthritis Self-Help Course among just 10,000 people with arthritis can expect a net savings of more than \$2.5 million over 4 years.
- Achieving a healthy weight lowers a person's risk for developing osteoarthritis in the knees. It can also slow progression of arthritis in people who already have the disease and delay costly knee replacement surgery.
- Moderate physical activity relieves arthritis pain and stiffness and improves a person's mood and outlook.

The Cost of Arthritis

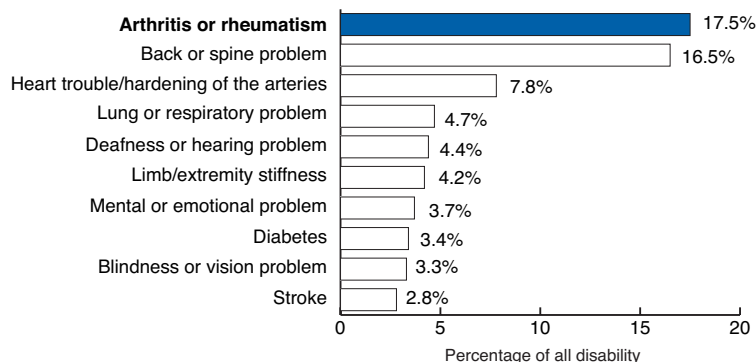
- Each year arthritis is estimated to cost \$51 billion for medical costs and an additional \$35 billion for indirect costs such as lost wages (in 1997 dollars).
- Arthritis is responsible for 750,000 hospitalizations and 36 million outpatient visits every year.

Percentage of Adults with Arthritis,* 2003



* People 18 or older with self-reported, doctor-diagnosed arthritis.
Source: CDC, Behavioral Risk Factor Surveillance System, 2003.

Most Common Causes of Disability Among Americans Aged 18 Years or Older, 1999



Source: CDC. Prevalence of disabilities and associated health conditions among adults—United States, 1999. *MMWR* 2001;50:120–5.

Revised July 2005



State Program in Action:

Tennessee: Self-Help Course Reaches Out to Underserved Communities

In 2002, nearly 30% of Tennessee adults had arthritis that had been diagnosed by a doctor—a rate far above the national estimate of approximately 21%. Another problem in Tennessee is the lack of health information available for people with arthritis.

With CDC support, Tennessee partnered with the University of Tennessee's Agriculture Extension Services to offer the Arthritis Self-Help Course in 25 rural areas where access to health care is severely limited. The Arthritis Self-Help Course teaches patients the skills they need to manage their arthritis. Research has shown that the pain and disability of arthritis can be minimized with early diagnosis and treatment, including self-management of the disease. Forty Extension Services educators were trained to teach the course in the underserved areas.

Before the partnership, no residents of these areas had taken the Arthritis Self-Help Course. In 2004, nearly 200 participants in the targeted areas attended an Arthritis Self-Help Course for the first time. This partnership shows how a state can be responsive to the unique needs and cultures of communities in need. It can serve as a model for other states wanting to reach underserved populations.

For more information and references supporting these facts, visit www.cdc.gov/nccdphp. For additional copies of this document, E-mail ccdinfo@cdc.gov.

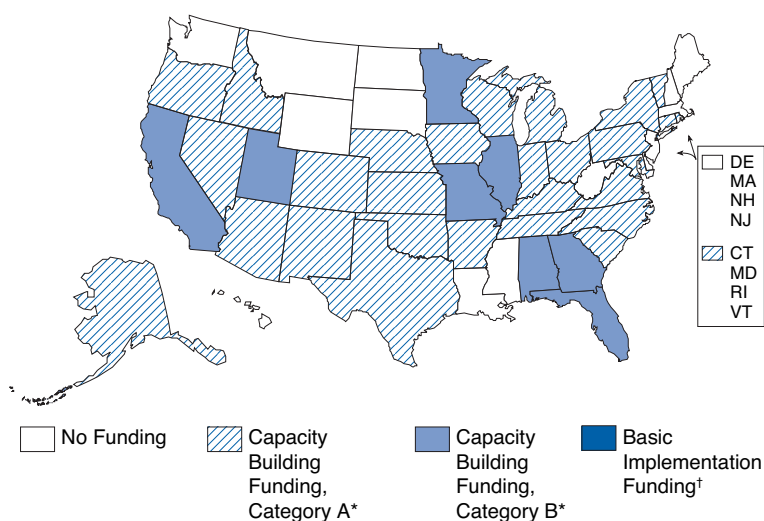
Effective Strategies and Promising Approaches

- The Arthritis Self-Help Course, developed at Stanford University, is a 6-week course that teaches people how to manage their arthritis and lessen its effects. Arthritis pain declined by 20% and costly physician visits were reduced by 40% among people who completed the course. Unfortunately, fewer than 1% of Americans with arthritis participate in such programs, and courses are not offered in all areas of the United States. Making the Arthritis Self-Help Course and other self-management strategies a routine part of health care for people with arthritis should help reduce arthritis-related pain and health care costs.
- Increasing public awareness about the importance of early diagnosis should increase appropriate management for inflammatory arthritis and connective tissue diseases.
- Getting the message out about the benefits of a healthy weight and moderate physical activity should help people with arthritis.

Hope for the Future

CDC is working with the Arthritis Foundation and other partners to carry out the *National Arthritis Action Plan: A Public Health Strategy*. The plan was developed to guide the use of the nation's resources to decrease the burden of arthritis for all Americans and increase the quality of life of those affected by arthritis. It provides a blueprint for reducing pain, activity limitations, and disability among people with arthritis, as well as for preventing certain types of arthritis, as called for in *Healthy People 2010*.

CDC Funding for State Arthritis Programs, Fiscal Year 2005



* Up to \$600,000 per state. Category A funding (average level \$140,000) allows states to begin building an arthritis program. Category B funding (average level \$290,000) carries this process further and allows states to conduct pilot projects to improve quality of life for people with arthritis.

† From \$600,000 to \$1,000,000 per state. This would allow states to further reduce the burden of arthritis by more broadly carrying out evidence-based interventions. Currently no states are funded at this level.